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UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Botswana

Proposed UNFPA assistance:	$2.5 million, $2 million from regular resources and $500,000 from multi-bilateral and/or other, including regular, resources
Programme period:	5 years (1998-2002)
Cycle of assistance:	Third
Category per decision 96/15:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	1.1	0.5	1.6
Population & development strategies	0.7	-	0.7
Programme coordination & assistance	0.2	-	0.2
Total	2.0	0.5	2.5

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BOTSWANA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	77.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	33.0	≥55
Access to basic health services (%)[3]	89.0	≥60
Infant mortality rate (/1000)[4]	43.0	≤50
Maternal mortality rate (/100,000)[5]	250.0	≤100
Gross female enrolment rate at primary level (%)[6]	83.3	≥75
Adult female literacy rate(%)[7]	54.5	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	1,450
Population in year 2000 (000)	1,619
Sex ratio (/100 females)	95.9
Per cent urban	63
Age distribution (%)	
Ages 0-14	43.4
Youth (15-24)	20.9
Ages 60+	3.8
Percentage of women aged 15-49	48.0
Median age (years)	17.9
Population density (/sq. km.)	2
Annual population growth rate (%)	2.20
Urban	6.29
Rural	- 6.09
Crude birth rate (/1000)	35.0
Crude death rate (/1000)	13.0
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	4.45
Life expectancy at birth (years)	
Males	48.9
Females	51.7
Both sexes	50.4
GNP per capita (U.S. dollars, 1994)	2,800

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1998-2002 to assist the Government of Botswana in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $2.5 million, of which $2 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $500,000 from multi-bilateral resources and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

2. The proposed UNFPA third programme of assistance to Botswana is in keeping with the recommendations of the Programme Review and Strategy Development (PRSD) mission undertaken jointly with the Government of Botswana in August/September 1996. It takes into account many national policy and strategy documents, particularly the Eighth National Development Plan; the National Population Policy; the National Policy on Women in Development; the National Youth Policy; National Policies on Health and HIV/AIDS; the National Programme of Action for Children; and the Country Strategy Note agreed upon by the Government of Botswana and the United Nations. Local non-governmental organizations (NGOs) also participated at all levels of programme formulation through the Population Coordinating Committee. Botswana is a "Group B" country as defined by UNFPA's resource allocation criteria.

3. The goal of the proposed programme is to contribute to modifying the country's population trends in a manner consistent with attainment of sustainable development. The proposed programme will concentrate its support on helping the Government to meet the following national objectives: (a) reducing adolescent fertility from 110 births per 1,000 in 1991 to 55 births per 1,000 in 2011; (b) reducing the maternal mortality rate of 200-300 per 100,000 live births in 1991 by at least 50 per cent by 2011; (c) increasing the contraceptive prevalence rate among all women from 32 per cent in 1988 to 65 per cent in 2011; and (d) achieving greater gender equality and equity as well as helping to empower youth to make informed choices. To these ends, UNFPA support to the Government will be directed through two subprogrammes: one on reproductive health and one in the area of population and development strategies. They will aim to help the Government: (a) develop and implement a comprehensive multisectoral reproductive health programme that includes improving adolescent reproductive health; and (b) integrate population factors into development planning.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the ICPD Programme of Action, which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Between 1966 and 1991, Botswana had an average annual rate of economic growth of approximately 13 per cent, and the country achieved enormous gains in human development. Despite the slowing of the economic growth rate in the 1990s, the Government has continued to allocate over 40 per cent of its annual budgets to the social sector. However, 47 per cent of the population (38 per cent of all households) remained below the poverty line in 1993-1994.

6. The HIV/AIDS pandemic has become a major concern in the country. The first HIV-positive case was identified in 1985, and a 1992 survey indicated that 60,000 people were HIV-positive. In 1995 it was estimated that 180,000 people were infected with HIV, and this number is expected to increase to 270,000 persons by the year 2000. AIDS-related deaths contribute about 10 per cent of all deaths in the country and are rising. The recorded pattern of HIV/AIDS incidence in the country indicates high levels of affliction among adolescents and young adults.

7. The age structure of Botswana's population is youthful, with approximately 65 per cent of the total population under the age 25. Teenage child-bearing is widespread in the country. The proportion of teenagers who were mothers rose from 15.4 per cent in 1971 to 24 per cent in 1988. Approximately 24 per cent of adolescents in 1988 had at least one birth, and an additional 5 per cent were pregnant with a first child at the time of the survey. Among teenagers who became pregnant, the average age at first pregnancy was 16 years. In 1991 about 55 per cent of girls aged 15-19 left school before finishing -- with the main reason being pregnancy. A family health survey currently being undertaken is expected to provide the basis for up-to-date information on fertility and contraceptive trends.

8. The status of women in Botswana is low, especially since the country's legal system, based on Roman Dutch Law, defines women as minors and denies them rights over property and assets. However, in 1996 the Government signed the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and adopted the National Policy on Women in Development. The policy was followed by the upgrading of the Women's Affairs Unit at the Ministry of Labour and Home Affairs to a full department to enable it to effectively coordinate the implementation of the policy. As the first step towards addressing issues concerning the human rights and empowerment of women, the Government has set up a team of experts to review all legislation affecting women.

Previous UNFPA assistance

9. Cooperation between UNFPA and the Government of Botswana began in 1971. UNFPA's second country programme was initially approved for the period 1992-1996 in the amount of $3.7

million, of which $3 million was to be programmed from UNFPA regular resources. The programme was extended to the end of 1997. No multi-bilateral funds were received, but the Government of Botswana contributed approximately $300,000 through cost-sharing mechanisms for activities in the data collection sector. During the period of the second country programme, expenditures for data collection activities are estimated to be $900,000 above the amount approved by the Governing Council. This overexpenditure is primarily due to the cost of international experts in two projects approved under the first country programme that were carried over to the second country programme.

10. The UNFPA programme was instrumental in helping the country to establish an institutional framework that will help it to develop and implement population- and reproductive health-related activities in the future. This has included conducting the national population censuses; establishing the National Council on Population and Development and a Population Secretariat in the Ministry of Finance and Development Planning; formulating the National Population Policy; establishing a Family Health Division at the Ministry of Health; establishing a Department of Demography at the University of Botswana; and setting up of a Vital Registration Office at the Ministry of Labour and Home Affairs. A UNFPA-supported interregional postgraduate training programme in population and sustainable development has also been started at the University of Botswana that will provide instruction to students from English-speaking developing countries throughout the world.

11. UNFPA's support to the integration of population and family life education into school curricula has been an important contribution to the development and strengthening of reproductive health information, education and communication (IEC) activities in primary and secondary schools and in teacher training colleges. The Young Women's Christian Association (YWCA) under a UNFPA-funded project has used a proactive strategy to have peer educators, especially in secondary schools, interact and educate other young people on youth sexuality, HIV/AIDS and related topics in order to enable young people to make responsible decisions about their own sexual behaviour. The Botswana Family Welfare Association (BOFWA), the International Planned Parenthood Federation (IPPF) affiliate in Botswana, through its volunteer ranks has been involved in family life education activities for out-of-school youths. In addition to the YWCA and BOFWA, other organizations such as Population Service International (PSI), the Botswana Christian Council, the Botswana Council of Women and the Red Cross have carried out IEC activities with youth groups. Overall, approximately 40 per cent of young people have been reached with reproductive health messages as a result of these efforts.

12. Family planning services in Botswana are currently provided through a health network of 2 referral, 16 district and 14 primary hospitals; 209 clinics; 315 health posts and 687 mobile health sites. However, due to restrictive provisions, dating back to 1987, of the Ministry of Health, which lists age and parity as conditions for receiving services, there are minimal family planning services

available to youth, although BOFWA and PSI do provide some services. It is estimated that only about 10 per cent of youth have access to condoms.

13. One lesson learned from UNFPA's experience has been the importance of intensive and close consultative activities by the Government with all stakeholders in the process of formulating new programmes or policies. This was positively exemplified by the successful formulation process of the National Population Policy as well as the National Policy on Women in Development. In the area of programme implementation, a number of NGOs, despite their limited capacity, have demonstrated their ability to effectively utilize grass-roots and community-based approaches to advance adolescent reproductive health and the empowerment of women.

14. The widespread shortage of skilled human resources, particularly in technical and managerial functions, severely affected the sustainability of some of the UNFPA-supported capacity-building efforts, leading to difficulties in identifying suitable counterparts, slow implementation of projects due to lack of trained staff and inadequate institutional arrangements, and substantial staff turnover.

Other external assistance

15. Implementation of the second country programme benefited from collaboration with the other United Nations agencies working in Botswana. WHO support has focused on training for reproductive health, Safe Motherhood and breast-feeding activities, while UNICEF will continue its support in the areas of maternal and child health (MCH) and in providing basic education for pregnant students and for children living in remote areas through 1999. UNICEF's "Basic Education for Pregnant Students" is a pilot project aimed at keeping pregnant girls in schools before and after delivery so that they experience minimal interruptions in their education. The United Nations Theme Group on HIV/AIDS, composed of UNDP, WHO, UNICEF and UNFPA, has developed a common programme framework that will help to strengthen the capacity of communities, NGOs and community-based organizations to prevent the spread of HIV/AIDS; assist children affected by HIV/AIDS; strengthen the capacity for applied research in the field; and combat HIV/AIDS in the military, police and prisons. In addition, the World Bank assists in the implementation of a home-based care programme for persons with AIDS.

16. Until it withdrew its assistance in 1996, the United States Agency for International Development (USAID) provided $5 million over four years for the improvement of the quality and accessibility of family planning services and for the prevention and treatment of sexually transmitted diseases (STDs). This support included the implementation of the Botswana Social Marketing Project designed to increase condom use among women, adolescents and rural populations. The Swedish International Development Cooperation Agency (Sida) has provided international resident technical advisers to the Population Secretariat of the Ministry of Finance and Development

Planning and has allocated $165,000 for training government and NGO staff dealing with population activities. The European Union is providing support to the HIV/AIDS prevention and management activities of the Ministry of Health. The Norwegian Government is supporting the National Institute for Research and Documentation (NIR) of the University of Botswana in conducting research in reproductive health activities and in strengthening the health information system. The IPPF, through BOFWA, is to spend $400,000 over the period 1997-1999 to establish three youth centres to provide adolescent reproductive health services. The Netherlands has continued its support for reproductive health activities and assistance for persons with AIDS in selected remote areas of the country. It also provides financial support for the operations of the BOFWA youth centres until the end of 1998.

Proposed programme

17. UNFPA support under the proposed third country programme will be channelled through two subprogrammes -- one in reproductive health and one in the area of population and development strategies. These areas were chosen because of the needs in the reproductive health area, especially for young people, and of UNFPA's experience in the area of reproductive health and because of the lack of other donors in the population and development strategies sector. Activities in each subprogramme will complement those in the other, thus maximizing their effectiveness. For example, reproductive health activities formulated under the reproductive health subprogramme will be designed as an integral part of the population policy implementation plan that will be developed under the population and development strategies subprogramme.

18. Reproductive health. The primary purpose of UNFPA assistance in the area of reproductive health is to contribute to increased utilization by adolescents and youth of integrated, comprehensive, cost-effective and quality reproductive health services and to contribute to appropriate changes in behaviour and attitudes about reproductive health among adolescents and youth. If achieved, this should contribute significantly to reducing the overall maternal mortality rate and increasing the overall contraceptive prevalence rate and empowering youth through widening their choices. The focus on adolescents and youth is in consideration of the importance and urgency of reaching young people at an early stage of their reproductive cycle and the large scale of the reproductive health needs of Botswana's young people. The proposed subprogramme would facilitate the Government's efforts to make reproductive health services available to at least 60 per cent of sexually active adolescents and youth and to carry out IEC activities that would reach at least 80 per cent of the adolescent and youth population.

19. The output of UNFPA support to the proposed reproductive health subprogramme will include: (a) a developed and implemented comprehensive national reproductive health programme; (b) the provision of reproductive health services receptive to adolescents in 2 referral, 16 district and 14 primary hospitals and 10 youth centres operated by NGOs; (c) an implemented

advocacy/IEC programme in support of adolescent reproductive health; and (d) school curricula in which population, family life education and gender issues are integrated.

20. To realize the above outputs, the proposed programme will support the following activities: the design and formulation of the national reproductive health programme with a particular focus on adolescent reproductive health; training and/or retraining of service providers in the identified service points in clinical as well as in counselling skills, especially in addressing the needs of adolescents, based on new guidelines to be developed and using new training materials; and the production of such relevant and appropriate training materials. UNFPA will also provide technical assistance and training, medical equipment and educational materials for four BOFWA youth service centres in Lobatse, Gaborone, Kanye and Maun; the YWCA centre in Francistown; and five new youth community centres to be operated by the Botswana Youth Council at the district level.

21. The provision of reproductive health services will be strengthened by appropriate IEC materials that will be developed to address the issue of gender inequity and inequality, male involvement, STDs including HIV/AIDS, and responsible sexual behaviour and parenthood. Support will also be provided for the training of trainers in the Ministry of Education to strengthen the integration of population and family life education programmes, including gender and human rights education, into the school curricula. As part of the United Nations Theme Group on HIV/AIDS, UNFPA will support government efforts to combat HIV in the military, police and prisons by providing IEC materials and by helping to train service providers working in these areas to provide comprehensive reproductive health services.

22. Taking into account the lack of research activities in the previous country programme, UNFPA will collaborate with the Norwegian Government in enhancing the research capacity of the NIR of the University of Botswana to ensure timely generation and dissemination of specific research findings in the area of reproductive health, especially adolescent reproductive health. In addition, the NIR will undertake development of evaluation research with specific gender-sensitive indicators for continuous monitoring and evaluation of the national reproductive health programme. The availability of up-to-date research findings will be important not only in guiding the implementation of the national reproductive health programme but also in strengthening advocacy and IEC interventions as well as in facilitating appropriate adjustments in the implementation plans of the National Population Policy. The Fund will support workshops and seminars for policy and decision makers and community and religious leaders to mobilize their support and commitment for adolescent reproductive health activities. In this regard, UNFPA will seek close partnerships with NGOs and the media.

23. Of the $1.1 million to be allocated from regular resources to the reproductive health subprogramme, $800,000 will be used for services and $300,000 for IEC activities. If the proposed

$500,000 in multi-bilateral funds becomes available, UNFPA support will also be extended: (a) to increase the number of targeted clinics and health posts by 20 per cent, thus raising the expected outputs to at least 120 clinics and 180 health posts; and (b) to two additional youth centres at the district level.

24. Population and development strategies. The purpose of UNFPA support in the population and development strategies subprogramme is to contribute to developing and implementing a comprehensive national population programme and to sustaining and intensifying commitment of policy and decision makers to population, youth and gender issues at all levels. Expected outputs encompass: (a) an implemented multisectoral comprehensive and gender-responsive population plan of action, with relevant guidelines, materials and procedures facilitating implementation at all levels; (b) improved national capacity to plan and manage population and development activities; and (c) continued and intensified commitment to the implementation of programmes and related policies at all levels.

25. Taking into consideration the constraints mentioned in paragraph 14 above, UNFPA will support a training needs assessment that will form the basis for a training plan to improve the capacity of government institutions to implement the policy. The Fund will provide assistance for in- and out-of-country training, including study tours. As much as possible, UNFPA-funded training institutions will be utilized. Trainees will be identified from the staff of the Population Secretariat, key sectoral ministries, and the nine District Population Officers who will be responsible for coordinating implementation of the National Population Policy at the district level.

26. The Fund will support the Government in carrying out its advocacy activities that are targeted at decision makers in sectoral ministries; district officials in securing their support in implementing activities at the district level; officials of local governments to help them incorporate population programmes at the local level; and community and religious leaders at all levels in order to mobilize community support. In implementing the above activities, the role of the Parliamentary Sub-Committee on Population and Development will be critical in dealing with political parties, politicians and their constituencies. The proposed programme will also support cooperation with NGOs, researchers, the private sector, the media and civil society as a whole.

27 Of the total of $700,000 that will be spent for activities in the areas of population and development strategies, $300,000 will be used for training, including needs assessment; $300,000 for technical support; and $100,000 for advocacy activities.

28. Coordination, implementation, monitoring and evaluation. Management of the proposed third country programme will be the responsibility of the UNFPA Representative in close collaboration with the United Nations Resident Coordinator. Under the Country Strategy Note, a joint Government of Botswana/United Nations System Strategic Management Committee has been established to coordinate the activities of United Nations agencies in Botswana. Each year, this committee will conduct a joint review of implementation of the country programme as part of its annual review of United Nations activities in Botswana. In addition, an in-depth review will be undertaken every two years, which will include thematic monitoring of progress. Both UNDP and UNFPA have harmonized their programme cycles with the Eighth National Development Plan. UNICEF, whose current programme cycle ends in 1999, is expected to formulate a 3-year programme to harmonize the programme period in the following cycle.

29. As much as possible, the Government and NGOs will be encouraged to execute projects. The UNFPA country office is currently staffed by the UNFPA Representative, who is also responsible for UNFPA programmes in Lesotho and Swaziland, one National Programme Officer, one finance clerk, two secretaries and one driver. The proposed programme will periodically utilize the services of national project personnel, national consultants on a short-term basis and Country Support Team advisers in order to provide the necessary technical expertise to the Government and NGOs in implementing the proposed programme. The United Nations agencies in the country (UNFPA, UNDP, UNICEF and WHO) will jointly support the development of management-training activities to strengthen the institutional capacity of the Government, NGOs and the private sector to implement the adolescent reproductive health programme. The Fund's office will also assist the National Council on Population and Development and the Population Secretariat in coordination of population and development activities. In furtherance of South-South cooperation, study tours and exchange of experience within the subregion and the region as a whole will be organized.

30. The third country programme will be monitored using standard UNFPA guidelines. The design of subprogrammes and projects will include monitoring and evaluation plans involving progress reports, annual project review meetings and independent evaluations. The Government of Botswana and UNFPA will jointly develop indicators for measuring progress in terms of meeting ICPD goals. A mid-term review will be conducted during the second half of the year 2000.

Recommendation

31. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Botswana, as outlined above, in the amount of $2.5 million for the period 1998-2002. Out of $2.5 million, $2 million will be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $500,000 will be sought from multi-bilateral resources and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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